

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING**  
**AND GENERAL SERVICES**  
P. O. BOX 119  
HONOLULU, HAWAII 96810-0119

July 5, 2002

**COMPTROLLER'S MEMORANDUM 2002-27**

TO: All Department Heads

SUBJECT: **Comprehensive Travel Related Services**

This memo contains amendments to the State travel policy, which reflects changes in the travel industry. The purpose, to preserve state funds, remains the same. However, the new approach to travel arranging will shift some of the responsibility from the travel contractor back to the departments. The changes are designed to create a faster and more flexible approval process.

The highlights of the revised policy are as follows:

- New Travel Order Form (TOF) (attached).
- One consolidated exemption form (SPO Form 5B) for requesting prior-to-purchase and after-the-fact payment (attached).
- At the department head's discretion, out-of-state hotel reservations through the State's travel contractor may be optional.
- At the department head's discretion, out-of-state car rental reservations through the State's travel contractor may be optional.
- Purchase order or procurement card numbers on TOF may be used as purchasing authorization.
- Blanket exemptions will be considered by Comptroller for recurring exemption requests.
- Use of the State's website, [www.hawaiicorporatetravel.com](http://www.hawaiicorporatetravel.com) for estimated airfares and general information.

The use of the new Travel Order Form (TOF) is only one part of the travel approval process. Departments need to establish and implement written procedures if they want to standardize the process for intra- and inter-state travel in order to save time and money. Departments, instead of the travel contractor, are now responsible to ensure that the travel dates and itinerary meet all administrative rules and bargaining agreement requirements for all official travel. In addition, approving authorities should consider the following:

- Department approvals shall be based on the lowest available fare quoted by the State's travel contractor, unless the Comptroller grants an exemption. The Comptroller will continue to approve exemptions for lower airfare, subject to restrictions and supporting documentation.

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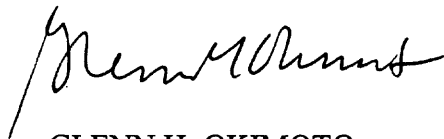
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- Cost items for airfare, hotel excess lodging, ground transportation, and per diem are estimates only. **Travel approval should not be contingent on a specific carrier, routing, or exact fare**
- Amended TOFs should not be required unless there is a change in the traveler, purpose, dates of travel, itinerary and/or destination.

Since travelers may be making their own out-of-state car and hotel arrangements, each department should create a policy that would ascertain diligence in obtaining the best rate for out-of-state car and hotel.

Price List No. 02-18 (SW) changes are effective on July 15, 2002.

If your or your staff has any questions, please call Bonnie Kahakui, Travel Administrator, at 586-0673.



GLENN H. OKIMOTO  
State Comptroller

Attachments

# TRAVEL ORDER FORM

STATE WEBSITE: [www.hawaiicorporatetravel.com](http://www.hawaiicorporatetravel.com)

STATE HOT LINE: 738-3838 or TOLL FREE (888) 726-3288

STATE FAX: 738-3391 OR TOLL FREE (888)738-3391

Traveler's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Department/Division/Office: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Date & Time Business/Conference/Meeting Begins: \_\_\_\_\_ City: \_\_\_\_\_  
Date & Time Business/Conference/Meeting Ends: \_\_\_\_\_ City: \_\_\_\_\_

## FLIGHT INFORMATION (OUT-OF-STATE ONLY)

Date	From	To	Est. Dept. Time	Est. Arr. Time	Aisle/Window
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Airline Preference: \_\_\_\_\_ Mileage #: \_\_\_\_\_  
Special Requests: \_\_\_\_\_  
Form of Payment: ☐ Purchase Order #: \_\_\_\_\_ ☐ Procurement Card#: \_\_\_\_\_

## LODGING INFORMATION

Date/Check-in Time	Date/Check-out Time	Hotel	City
_____	_____	_____	_____
_____	_____	_____	_____

Form of Payment: ☐ Credit Card ☐ P.O.#: \_\_\_\_\_ ☐ Procurement Card#: \_\_\_\_\_  
Charge Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_  
Special Requests: \_\_\_\_\_

## TRANSPORTATION INFORMATION: Out-of-State Car Rental: Car Size: (compact unless otherwise justified) \_\_\_\_\_

Date	Pick Up Location	Approx. Pickup Time	Drop Off Location	Approx. Drop-off Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form of Payment: ☐ Pay Direct ☐ Purchase Order#: \_\_\_\_\_ ☐ Procurement Card #: \_\_\_\_\_  
Special Request: \_\_\_\_\_

## COST INFORMATION:

Airfare Cost (for authorized travel): \$ \_\_\_\_\_  
Per Diem: \$ \_\_\_\_\_  
Hotel Excess Lodging: \$ \_\_\_\_\_  
Ground Transportation Cost: \$ \_\_\_\_\_  
Other: i.e. Registration Fee Describe: \_\_\_\_\_ \$ \_\_\_\_\_  
Program ID: \_\_\_\_\_ Appropriation Symbol: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
Requesting Authority Signature

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Requesting Authority Title (Print) Date

\_\_\_\_\_  
Approving Authority Title (Print) Date

**STATE OF HAWAII**  
**REQUEST FOR AUTHORIZATION TO PURCHASE OUTSIDE OF THE STATE**  
**PROCUREMENT OFFICE PRICE LIST**  
**COMPREHENSIVE TRAVEL RELATED SERVICES**

**NOTE:**  
***(SUBMIT THIS REQUEST TO THE STATE COMPTROLLER)***  
***(USE SPO FORM 5 FOR INTER-ISLAND AIRLINE TICKETING)***

TO: Comptroller, Department of Accounting & General Services  
ATTN: Travel Administrator (Fax: 586-0707)

FROM: \_\_\_\_\_  
(State/County Department/Division/Agency) Date

**CHECK ONE:**                      ☐ **Prior to Purchase**                      ☐ **After-the-fact Payment**

**Exception to purchase from a source outside of SPO Price List No. 02-18:**

**PROPOSED PURCHASE:** \_\_\_\_\_

(Description)	Travel Dates
Vendor name:	Contact person:
Price:	Telephone: (     )

Justification: (Attach copy of proposed itinerary and/or confirmation)

Name of person traveling:	Contact person:
	Telephone: (     )
	Fax: (     )

**Approval recommended by:**

_____ Signature	_____ Title	_____ Date
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**Travel Administrator Recommendation:**                      ☐ **Approval**                      ☐ **Disapproval**

Comments:

_____ Travel Administrator	_____ Date
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**ACTION BY STATE COMPTROLLER:**                      ☐ **Approved**                      ☐ **Disapproved**

Comments:

_____ State Comptroller	_____ Date
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c: Department Head